

Office of Graduate Education

RECORD OF DISSERTATION EXAM FORM

Student		Student ID #			
Current Address					
City State Zip		Phone	honeEmail		
Curriculum/Department	Semester you intend to graduate				
Date of Defense	Degree: P	Degree: PhD Dissertation D. Eng Project			
Do you wish to delay the rele	ease of your disserta	tion? Yes	No		
If yes: Length of time			e Chair signature		
Citation Style Used in Biblio	graphy (examples:	Chicago, MLA, APA,		<u> </u>	
Thesis or Project Title:					
the academic integrity policy of Student Signature	of the Institute as giv			ork in a manner consistent with	
Print Name	Signatur	e	Date	Attention Committee Chair and Committee	
Committee Chair				Members: OGE no longer requires a signed title page.	
Committee Member					
Committee Member				By signing this form, you are indicating that	
Committee Member			both the dissertation and its defense meet your approval.		
Committee Member					
Committee Member					
OFFICE OF GRADUATE ED	OUCATION APPRO	VAL:			
Signature				Date	
Graduate Education will send	copies to: Re	gistrarDepartm	ent		

(Revised 02/2014)